

RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) PLEASE PRINT I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karoutas II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)

	P.O. Box 10724	Bedford	NH	03110
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(6V3) 860-3683 (Telepho		(Fax)	e-mail senclegg@	Paol.com
	nt covers: (Choose one – filesse transactions which are n	•		ay file a separate report for
All reportable	transactions occurring in the	months prior to the rep	orting date relative to th	e following client:
Natio	nal Association of Profess	ional Employer Organ	izations (NAPEO)	
OR OR	(Full Name of Client as i	t appears on the Lobbyist I	Registration Form)	
unrelated to any p	k		family), or the lobbying July 31, 2019 vity from 4/1/19 to 6/30/19	
	October 30, 2019 activity from 7/1/19 to 9/30	0/19 acti	January 29, 2020 [] ivity from 10/1/19 to 12/31.	/19
	been no fees received and ked, complete just this form a 801.	•		-
VI. Check if add	itional reports are attached	. :		
↑ If you have re	eceived fees or made expendi	tures, you must file Ado	dendum A- Fees and E	xpenses
☐ If you have p Expense Reimbur	aid an honorarium or reimbursement	rsed expenses, you mus	t file Addendum B – Re	port of Honorariums or
☐ If you, your f	irm, or your family has made	political contributions,	you must file Addendu	m C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true to the best of my knowledge and belief.

> Mult	WX/	
(Signature of lobbyist)		(Date)

Robert Clegg

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

ddendum A RECEIVED

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

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I. Name of Lobbyist(s)	Robert Clegg, Debra Vanderbeek, Perik	(IIS Karoutas
II. Name of lobbyist's par	tnership, firm or corporation, if any:	
	egislative Solutions, L.L.C.	
(Name of part	nership, firm or corporation)	
III. Name of Client Nationa	al Assoc. of Professional Employer Organiza	tions Date April 9, 2019
to lobbying, including fees for	all fees received from the client identified abover services such as public advocacy, governmeng legislation, and related legal work. The g	nt relations, or public relations services
a) Total of all fees received i	n this reporting period	a) \$ 12,000.00
	this calendar year, prior to this reporting period tal of all prior monthly reports for this calendar	
c) Total of all fees received (Add lines a and b)	to date	c) \$ <u>12,000.00</u>
d) Indicate the amount of an yet been paid	y such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where the lunch where the cost was \$2. being lobbied, purchase of a (c) an itemized statement of any purpose not covered by ceremonial object to be give restaurant expenses for a le	rships, firms, or corporations are required to rependitures made relative to each unrelated to any one client a separate report in one of three categories of expenses: (a) the for salaries, benefits, support staff, and office the expenditure was of \$25.00 or less (for example to a person being lobble to a person being lobble to the example: purchase of a meal with value of the subject of lobbying with a value greater to the subject of lobbying with a value g	th client and if expenditures are made by the may be filed for the lobbyist(s)/firm. The aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the personal pieces than \$10 that is given to the personal pieces with a value of \$25.00 or less); and porting period of greater than \$25.00 for alue of greater than \$25, purchase of a pater than \$25, but not greater than \$50, as, expense reimbursement, or political
support staff, and office expe	for this reporting period for salaries, benefits, enses, related directly or indirectly to lobbying.	a) \$ 12,000.00
in a), of \$25 or less.	ditures during this reporting period , not reported	b) \$ <u>0</u>
c) Total of all itemized expe	nditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period	d) \$ <u>12,000.00</u>
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>12,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
they Cley	April 9, 2019
(Signature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	cular client): National Association of Professional Employer Organizations		
Date of Report (check	one):		
April 24, 2019 🔯	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
_X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
•	f my knowledge and bel	lief.	nt and each Addendum is true and 9, 2019 (Date)
(1.8			,
Debra Vanderbeek			
(Print Name of lobbyi	st)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	National Associat	ion of Professional Employ	yer Organizations
Date of Report (check	k one):		
April 24, 2019 💋	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
-	•		nd Expenses described above, and umber of Addendum forms being
X Addendum A	(s).		
Addendum Bo	(s).		
Addendum Co	s).		
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and
		April	9, 2019
(Signature of lobbyist)		(Date)
Periklis Karoutas			
(Print Name of lobby	ct)		